

## MID-STATE HEALTH NETWORK POLICIES MANUAL

Chapter:	Service Delivery System		
Title:	Service Philosophy & Treatment: Behavioral Health		
Policy: <input checked="" type="checkbox"/>	Review Cycle: Biennial	Adopted Date: 12.03.2013	Related Policies:
Procedure: <input type="checkbox"/>	Author: Clinical Leadership and Utilization Management Committee	Review Date: 09.09.2025	
Page: 1 of 6			

### Purpose

Mid-State Health Network (MSHN) and its provider network adhere to all practice guidelines established by the Michigan Department of Health and Human Services (MDHHS). To ensure that MSHN and its Community Mental Health Service Program (CMHSP) participants have a consistent service philosophy across its network of care related to person-centered planning, integrated care, housing, employment, self-determination, and cultural competence. MSHN promotes a person-centered approach to all service planning and delivery of supports and services in the community, consistent with Michigan Department of Health and Human Services (MDHHS) policy direction.

### Policy

#### A. Person-Centered/Family-Driven, Youth-Guided Planning

1. MSHN shall be committed to ensuring that all individuals have the freedom and right to create an Individual Plan of Service (IPOS) that is developed through a person-centered planning process without regard to age, disability or residential setting, as required in the Michigan Mental Health Code and defined in the MDHHS Person Centered/Family-Driven, Youth-Guided Planning Policy and Practice Guideline.
2. Standards
  - i. CMHSP participants shall support person-centered/family-driven, youth-guided planning in the creation, development, and implementation of all beneficiary services.
  - ii. MSHN shall ensure that CMHSP participants provide comprehensive information to beneficiaries about the risks and benefits of services including their freedom or right to participate in decision-making regarding their health, treatment options, and services that will be provided.
  - iii. MSHN shall monitor the implementation of person-centered planning for adults and family-driven, youth-guided planning for minor children and families through an annual on-site audit of each CMHSP participant and through consumer satisfaction surveys.

#### B. Integrated Care

1. MSHN shall utilize a coordinated, person-centered/family-driven, youth-guided system of care that allows for comprehensive care from primary care, mental health and substance use disorder providers.
2. MSHN shall make a coordinated approach to service delivery available to its beneficiaries. This is an essential element of treatment and supports and produces the best outcomes for people with multiple and complex healthcare needs.
3. MSHN shall ensure compliance with the integrated care standards as identified in the MSHN Service Delivery Policy and the Integrated Health Service Philosophy and Treatment.

#### C. Collaboration with Community Agencies

1. MSHN through its CMHSP provider network must work closely with local public and private community-based organizations and providers to address prevalent human conditions and issues that relate to a shared customer base to provide a more holistic health care experience for the beneficiary. Such agencies and organizations may include local health departments, local Department of Health and Human Service, Federally Qualified Health Centers (FQHC), Rural

Health Centers (RHC), community and migrant health centers, nursing homes, Area Agency and Commissions on Aging, Medicaid Waiver agents for the Home Community Based Waiver (HCBW) program, school systems, Michigan Rehabilitation Services (MRS), Indian Health Service, Tribal Operated Facility Organization/Program/Urban Indian Clinic (I/T/U), and Certified Community Behavioral Health Clinics (CCBHC). Local coordination and collaboration with these entities will make a wider range of essential supports and services available to the Prepaid Inpatient Health Plan (PIHP) beneficiaries. PIHPs through the region's CMHSPs will coordinate with these entities through participation in multi-purpose human services collaborative bodies, and other similar community groups.

2. MSHN, through its CMHSP provider network, shall have written coordination agreements with each of the pertinent agencies noted above describing the coordination arrangements agreed to and how disputes between the agencies will be resolved. To ensure that the services provided by these agencies are available to all PIHP eligible beneficiaries, an individual contractor shall not require an exclusive contract as a condition of participation with the PIHP.
3. Agreements shall ensure that coordination regarding mutual recipients is occurring between the PIHP and/or its provider network, and primary care physicians. This policy shall minimally address all recipients of PIHP services for whom services or supports are expected to be provided for extended periods of time (e.g., people receiving case management or supports coordination) and/or those receiving psychotropic medications.

#### D. Housing

1. MSHN's provider network shall assist beneficiaries/guardians with decisions about the most appropriate residential option for persons with disabilities.
2. CMHSP participants within MSHN will maintain an established plan to work with community housing partners to promote desirable housing and residential options for persons with disabilities.
3. Standards:
  - i. An array of housing choices and related resources and supports shall be made available to persons served in their local communities and, whenever possible, shall allow for the individual to integrate into his/her home and community of choice.
  - ii. Each CMHSP participant shall demonstrate leadership in suggesting, developing and refining local housing options to meet beneficiary needs and choices in their local communities.
  - iii. The residential option selected shall be based upon the needs and desires of the individual as part of the individual's person-centered plan.
  - iv. Housing options shall be based on the least restrictive setting that will best meet the needs of the individual.
  - v. CMHSP participants will include cultural considerations when assisting beneficiaries and guardians with residential options.
  - vi. Beneficiaries and guardians shall be offered comparative information about housing providers whenever available.
  - vii. Housing options shall support beneficiaries' plans and goals, and shall also promote overall wellness, health, safety, quality of life, meaningful community activities, and the highest possible level of independence, including within supervised settings.
  - viii. Respect for personal privacy for beneficiaries shall be a priority in all housing settings.
  - ix. Housing settings shall be safe, habitable and affordable. Home settings of individuals served shall be monitored, by the contracting organization, on a regular basis for the purpose of beneficiary welfare, regardless of whether PIHP or CMHSP funds pay for the costs of the housing.

- x. CMHSP participants shall offer mandatory and elective training on a regular basis to support housing providers and staff.
- xi. CMHSPs shall maintain collaborative agreements and communications with housing providers and resources in their communities, including participation in local planning groups or coalitions.
- xii. Each CMHSP participant shall have and make available written policies and procedures regarding housing assistance, supports, and resources for beneficiary and guardian decision-making, including the on-going assessment needs in beneficiary housing.

E. Self Determination

- 1. MSHN shall ensure that all individuals served through Community Mental Health Programs are given the freedom to pursue Self Determination (SD) arrangements that provide the individual the ability to guide and direct the services and supports they receive.
- 2. Standards
  - i. A Person/Family-Driven, Youth-Guided Planning Process will be used to identify supports and services and provide information on how to participate in SD arrangements.
  - ii. Participation in SD arrangements shall be voluntary and shall be made available in accordance with established MDHHS best practice guidelines and state and federal regulations.

F. Employment

- 1. MSHN recognizes that employment is an essential element of the quality of life for most people. CMHSP participants shall work together to achieve consistency across the region in providing competitive integrated employment services.
- 2. Standards
  - i. MSHN will assure that all recipients, including those who have advocates or guardians, have genuine opportunities for freedom of choice and self-representation.
  - ii. MSHN shall promote community inclusion and participation, independence and productivity throughout its provider network.
  - iii. Service providers within MSHN shall identify outcomes based on the individual's life goals, interests, strengths, abilities, desires, and preferences.
  - iv. Service providers within MSHN shall explore in the pre-planning meeting the person's options for work that include competitive employment, community group employment, self-employment, transitional employment, volunteering, education/training, and internships as a means to future competitive employment.
  - v. CMHSP participants shall promote the use of best employment practices including the MDHHS adopted evidence-based practice Individual Placement and Support for employment goals for persons with mental illness.
  - vi. CMHSP participants shall share and reinforce the MDHHS Employment Works! Policy across its service delivery network.
  - vii. Each CMHSP Participant shall designate a local staff member who will provide leadership in employment initiatives and services and shall designate at least one staff who has expertise in benefits planning or the capacity to access the information in a timely manner.
  - viii. CMHSP participants shall share local best employment practices across MSHN.
  - ix. MSHN shall collect accurate employment outcome data and submit the data to MDHHS for review in a timely manner.
  - x. CMHSP participants shall establish strategies and partnerships with Michigan Rehabilitation Services (MRS) and the Michigan Commission for the Blind (MCB) where indicated to improve consistency of MRS/MCB supports for beneficiaries.

G. Transitions from Institutional Care (Behavioral Health Psychiatric Care)

1. MSHN shall promote and support a smooth and safe transition for each individual who is released from an institution into the community.
2. CMHSP participants shall ensure that each individual will obtain placement appropriate to the individual's needs and will have a provider that is able to provide supports and services that enable the individual to live successfully in the community.
3. When a continuing stay review has determined that an individual no longer meets the medical necessity criteria for the institutional placement, CMHSP participants shall seek other alternatives in the community that are available to meet the individual's treatment needs. In seeking other alternatives, the CMHSP participant shall make every effort to ensure that the following standards have been considered.
4. Standards:
  - i. An individualized discharge/transition plan shall be completed utilizing the person-centered planning process, incorporating the individual's strengths, needs, abilities, and preferences.
  - ii. The discharge/transition plan shall have input and participation from the individual, family, authorized representatives, treatment team, and other community resources or supports as applicable.
  - iii. The discharge/transition plan should include needed support systems and types of services that will allow for successful transition and integration into the community.
  - iv. The individual and/or support people shall be educated on all options available for community support services and types of services needed for a successful transition into the community.
  - v. The discharge/transition plan should address any barriers that may interfere with a successful transition. The placement should allow for freedom of choice while ensuring that resources are in place to meet the individual's basic needs and ensure that the needs of the individual are met safely.
  - vi. Communication and coordination should occur for all services in the community prior to release. This includes but is not limited to coordination for continuity of medications and follow-up appointments for continuity of medical and behavioral health treatment.
  - vii. Referral information and appointments scheduled should be documented and given to the individual and/or authorized representative.
  - viii. Discharge/transition planning will follow the standards that are included in the Housing Practice Guidelines, Person Centered Planning Policy and Practice Guideline, Consumerism Practice Guidelines, and the Inclusion Practice Guideline.

H. Cultural Competence

1. MSHN and its CMHSP participants shall demonstrate an ongoing commitment to linguistic and cultural competence to ensure meaningful participation for beneficiaries served by the region.
2. MSHN and its CMHSP participants shall operate consistent with the MSHN Service Delivery System Policy; "Cultural Competency Policy."

**Applies to**

- ☒ All Mid-State Health Network Staff  
☐ Selected MSHN Staff, as follows:  
☒ MSHN CMHSP participants: ☒ Policy Only    ☐ Policy and Procedure  
☒ Other: Sub-contract Providers

**Definitions/Acronyms:**

Beneficiary: Refers to those individuals who are eligible to receive specialty mental health and substance use disorder services, as well as those currently receiving such services and their families/guardians.

CCBHC: Certified Community Behavioral Health Center

CMHSP: Community Mental Health Service Programs

Consumerism: Means active promotion of the interests, service needs, and rights of consumers receiving mental health and/or substance use disorder services.

Cultural Competence: a general awareness of the cultural diversity of the service area including race, culture, religious beliefs, regional influences in addition to the more typical social factors such as gender, gender identification, sexual orientation, marital status, education, employment and economic factors, etc.

FQHC: Federally Qualified Health Centers

HCBW: Home Community Based Waiver

IPOS: Individual Plan of Service

I/T/U: Indian Health Service, Tribal Operated Facility Organization/Program/Urban Indian Clinic

MCB: Michigan Commission for the Blind

MDHHS: Michigan Department of Health and Human Services

MSHN: Mid-State Health Network

MRS: Michigan Rehabilitation Services

PIHP: Prepaid Inpatient Health Plan

RHC: Rural Health Centers

SD: Self Determination Arrangement

**References/Legal Authority**

1. Medicaid Provider Manual
2. Balanced Budget Act of 1997
3. MDHHS PIHP Contract – Person-Centered Planning; Cultural Competence;
4. Out of Network Responsibility; Consumerism Practice Guideline; and Inclusion Practice Guideline
5. MDHHS CMHSP Contract – Recovery Policy & Practice Advisory; Self Determination Practice & Fiscal Intermediary Guideline; QI Programs for CMHSPs; Housing Practice Guideline
6. MDHHS/PIHP Contract: Attachment 3.4.4 (The Self Determination Policy and Practice Guidelines, March 18, 2012)
7. Inclusion Practice Guideline C6.9.3.2
8. Employment Works! C6.9.8.1
9. MDHHS –PIHP Contract Collaboration with Community Agencies 7.2
10. MDHHS-PIHP Contract Integrated Physical and Behavioral health 7.4
11. Medicaid Managed Specialty Supports and Services Concurrent 1915(b)/(c) Waiver Program
12. Housing Practice Guidelines (Attachment P 6.8.2.2)
13. Person Centered Planning Policy and Practice Guideline (Attachment P 3.4.1.1)
14. Consumerism Practice Guidelines (Attachment P 6.8.2.3)
15. Inclusion Practice Guideline (Attachment P 6.8.2.1)
16. 2017 Behavioral Health Standards Manual, Commission on Accreditation of the Rehabilitation Facilities (69-75), 2017.
17. Quality Improvement Data (Attachment P 6.5.1.1)
18. 42 CFR Part 2 – Confidentiality of Alcohol and Drug Abuse Patient Records

**Change Log:**

<b>Date of Change</b>	<b>Description of Change</b>	<b>Responsible Party</b>
12.03.2013	New policy	Customer Service Committee
04.2015	Annual review, format consistency	CEO, Utilization Management Committee and Clinical Leadership Committee
07.2015	Added Community Collaboration section to address MDHHS requirements; added integrated healthcare standards	Chief Executive Officer
03.2017	Annual Review	Chief Executive Officer
02.2018	Annual Review	Chief Clinical Officer
01.2019	Annual Review	Chief Behavioral Health Officer
08.2020	Annual	Chief Behavioral Health Officer
09.2022	Biennial Review	Chief Behavioral Health Officer
11.2024	Biennial Review	Chief Behavioral Health Officer